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N/A filed via EFS-Web (Depositor's name)
(Signature)
(Dete)

 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFIRMATION NO.

 10/650,891
 8/28/2003
 Ciprian Gociman
 MS1 - 1684US
 8737

TITLE OF INVENTION: Delegated Administration of a Hosted Resource

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	1510		300	0	7/6/2010
EXAMINER		ART UNIT		CLASS-SUBCLASS		
Kaveh Abrishamkar 24			1		-'	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence address from PTOSB122) attached. The Address from PTOSB122 attached. The Address' indication (or "Fee Address" indication form PTOSB147, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	sting on the patent front page, li mes of up to 3 registered pater DR, alternatively, me of a single firm (having as a attorney or agent) and the nam de patent attorneys or agents. If name will be printed.	t attorneys 1 Lee & H	ayes, PLLC
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as est forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Microsoft Corporation				Redmond V	VA US	
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💆 Corporation or other private group entity 👊 Government						
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):		
☐ Issue Fee			A check in the amount of the fee(s) is enclosed.			
☐ Publication Fee (No small entity discount permitted)		ed)	Payment by credit card. Form-PTO-2038 is attached: Fees Previously Paid			
Advance Order - # of Copies			☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number			
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				ant is no longer claiming SMA		
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4/21/2010

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